

Kentucky Department of Education

Child and Adult Care Food Program

At-Risk MONITOR REVIEW FORM**Sponsoring Organizations of Affiliated and Unaffiliated Sites****INSTRUCTIONS FOR COMPLETING MONITOR REVIEW FORM**

For all sponsoring organizations, at least two of the three monitor reviews per site must be unannounced. A meal service must be observed during at least one of the monitor reviews conducted in the past year. In accordance with USDA FNS Policy Memo CACFP 16-2011, sponsoring organizations must ensure that the timing of unannounced reviews is unpredictable. For example, unannounced reviews that always occur during the third week of January, third week of May and third week of September are predictable. The review schedule should be varied enough that facilities staff are unable to anticipate the date/timing of the review.

SECTION 1. GENERAL

Date of Review:		Name of Reviewer			
Drop In:		Announced:	<input type="checkbox"/>	Unannounced:	<input type="checkbox"/>
Name of Center:					
Address:					
Director:					
Phone Number:					
1.	Is the center at/within licensed capacity, age limits, and provider/participation ratio at the time of review?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2.	If no, explain:				
3.	Center License Expiration Date:				
4.	Total Number of Operating Weeks Per Year:				
5.	Hours Daily:				

SECTION 2. MEAL INFORMATION

	Approved Meal Types:			<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	PM Snack		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Supper		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Record the following information on approved meals and record applicable meal times:					
7.	Meals to be Served Daily	Time Meal Service Begins	Estimate Number Served Daily	Check Meal Observed Today	
	Supper			<input type="checkbox"/>	
	At-Risk Snack			<input type="checkbox"/>	
8.	Describe how the center obtains daily meal counts for meals served:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
9.	Is an adequate supply of food available?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10.	List stores and food vendors from which site purchases food:				
Check the method by which meals are prepared:					
11.	<input type="checkbox"/>	Preparation at meal service site	<input type="checkbox"/>	Prepared central kitchen	
	<input type="checkbox"/>	Food Service Mgmt Co.	<input type="checkbox"/>	Under contract with local school system	

	<input type="checkbox"/>	Combination of above list or Other (explain):		
Note: If site is self-prep, go to question 21.				
12.	Has the site conducted the appropriate procurement for obtaining a Food Service Management Company?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
13.	Does the site have a current contract with the Food Service Management Company who was awarded the procurement bid?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
14.	Is the Food Service Management Company on the CACFP KY Registered Caterer List?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
15.	Is the Food Service Management Company in compliance with the signed contract?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
16.	Does the site have completed delivery tickets on file?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
17.	List the meal counts for each of the preceding five serving days for the meal types for which you are approved :			
		Date	Total Daily Attendance	PM Supplement
	Day 1			
	Day 2			
	Day 3			
	Day 4			
	Day 5			
		5 Day Total		
		5 Day Avg.		
		Current Day		
Note: To determine the average, total each meal type column and divide by 5, then round up.				
18.	What was the meal count for the meal you observed on the day of the monitor review?			
19.	Do the meal counts for the prior five days for <u>all</u> meals claimed appear reasonable when compared to each approved meal service's averages?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
20.	If No, explain:			
21.	Does the director or program contact demonstrate familiarity with the types and quantities of food required for each type of meal service?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
22.	Does the cook demonstrate familiarity with the types and quantities of food required for each type of meal service?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
SECTION 3. OBSERVATION OF MEAL SERVICE				
23.	Mark meal observed and record applicable meal times:			
		<input type="checkbox"/>	<input type="checkbox"/>	
		PM Snack	Supper	
	Scheduled Meal Service Time			
	Meal Service Time Observed			
24.	Record the Food Items and Serving Sizes for the Meal Observed:			
	Meal Components	Food Item	Serving Size	
	Milk			
	Meat/Meat Alternate			
	Fruit/Vegetable			

	Fruit/Vegetable		
	Grain		
	Other:		

Record the food items served for infant meals:				
Infants				
List Food Items Served (Be Specific)				
25.	Meal Components	Birth Through 3 Months	4 Through 7 Months	8 Through 11 Months
	Iron-Fortified Formula/Breast Milk/Whole Milk			
	Infant Cereal			
	Fruit/Vegetable			
	Fruit/Vegetable			
	Meat/Meat Alternate			
	Grain			
	Note: If infant participates in meal served from the kitchen (table food), please include the foods served.			

SECTION 4. MONITORING AND TRAINING

26.	List date and any problems from last Monitor Review conducted:			
	Date:	Problems:		<input type="checkbox"/> N/A
27.	Have these problems been corrected?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
28.	If No, explain:			
29.	Have all center personnel been trained in CACFP regulations each year?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
30.	Date(s) of In-Service Training:			
31.	What topics were discussed?			

SECTION 5. HEALTH/SAFETY/SANITATION

32.	Was the food permit posted?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
33.	Food Permit Expiration Date:		
34.	List the date of the latest health inspection:	Date:	Rating:
35.	Were any deficiencies identified?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
36.	Have identified deficiencies been corrected?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
37.	Were the refrigeration units and freezers clean and maintained at required temperatures?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Note: Refrigerator temperatures must be maintained between 33 and 38 degrees. Freezer unit temperatures must be maintained between 0 and -10 degrees. Temperatures listed are per the Food Code, published by the Food and Drug Administration. If the temperatures are not within these ranges, then the answer should be NO and adjustments should be made.		
38.	Was food properly stored in the refrigeration units and in dry storage areas?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
39.	Are thermometers available in all refrigerator and freezer units?		<input type="checkbox"/> Yes <input type="checkbox"/> No
40.	List temperatures for Refrigerators and Freezers: (Refer to Question 42 regarding proper temperatures)		
	Refrigerators		
	Freezers		
41.	Is there evidence of rodent or insect infestation?		<input type="checkbox"/> Yes <input type="checkbox"/> No
42.	If Yes, what measures are being taken to eliminate this problem?		

43.	Are cleaning supplies, polishes, insecticides and other toxic materials safely stored in an area separate from food?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
44.	List location:				
45.	Did participants and center staff wash their hands before meal service?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
46.	Were tables/high chairs sanitized?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
47.	Is kitchen area kept clean at all times?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
48.	Are sanitary procedures followed in all aspects of food service?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
49.	Are safety procedures followed when thawing frozen foods?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
50.	What method(s) are used to thaw frozen perishable foods?				
51.	Are dishes sanitized?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
52.	What method(s) are used to sanitize dishes?				
SECTION 6. SPACE, FACILITIES AND EQUIPMENT					
53.	Is the storage adequate for dry food items, refrigerators and freezers?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Dry Food Items		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Refrigerators		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Freezers		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
54.	Is dining space adequate for the number of participants enrolled?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
55.	Is adequate food preparation and service equipment available?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
SECTION 7. RECORD KEEPING					
56.	Does the center keep a record of total daily attendance?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
57.	Does the center keep a daily record of meals served to participants by type of meal service?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
58.	Is the Record of Meals Served Form (17-9) current and up-to-date?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
59.	Are appropriate records kept to document all costs?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
60.	Are daily Menu Records available and up-to-date at the site for all approved meals claimed for the current month?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
61.	If No, explain:				
62.	Name and position of person planning menus:				
	Name:				
	Position:				
63.	How far in advance are menus planned?				
64.	What problems with required components have been noted on the menus?				
65.	Are medical statements on file for all substitutions related to medical or special dietary needs?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	If No, explain:				
66.	Are parent statements on file for all substitutions related to religious beliefs?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
67.	(Unaffiliated Centers Only) Does the center keep at least twelve months of supporting documentation for claims		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

SECTION 8. CIVIL RIGHTS COMPLIANCE

68.	Was the "...And Justice for All" poster visibly displayed to the general public?		<input type="checkbox"/> Yes	<input type="checkbox"/> No																																
69.	Was the "Building for the Future" poster visibly displayed to the general public?		<input type="checkbox"/> Yes	<input type="checkbox"/> No																																
70.	Is the Civil Right Grievance Report Form available to staff at all times?		<input type="checkbox"/> Yes	<input type="checkbox"/> No																																
71.	Does the training documentation form list "Civil Rights" as a training topic?		<input type="checkbox"/> Yes	<input type="checkbox"/> No																																
	Has Civil Rights Data been collected on this site during the past year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No																																
If "NO" complete the Data Collection Chart Below:																																				
*Line one is percentage data collected from the Ethnic/Racial Profile of the Area the Center is located.																																				
*Line two is the actual number collected from the participants in the Center.																																				
http://education.ky.gov/federal/SCN/Pages/CACFP-Resources.aspx																																				
72.		<table border="1"> <thead> <tr> <th colspan="2">Ethnicity</th> <th colspan="6">Race</th> </tr> <tr> <th>Hispanic</th> <th>Not Hispanic</th> <th>Black or African American</th> <th>White</th> <th>Pacific Islander</th> <th>American Indian or Alaskan Native</th> <th>Asian</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Ethnicity		Race						Hispanic	Not Hispanic	Black or African American	White	Pacific Islander	American Indian or Alaskan Native	Asian	1							2						
Ethnicity		Race																																		
Hispanic	Not Hispanic	Black or African American	White	Pacific Islander	American Indian or Alaskan Native	Asian																														
1																																				
2																																				

SECTION 9. Compliance

In the review of documentation and/or this monitor review, have any of the following occurred:				
73.	A. Do inconsistencies exist between attendance records and meal count records for which there is no reasonable explanation?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	B. Have there been recent unsuccessful monitor review attempts for this center?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION 10. SUMMARY OF FINDINGS

Provide a summary of monitor review findings. A section has also been provided for you to list the center's strengths that you observed. If a follow-up review is necessary, it must be documented on a separate monitor review form. **Serious problems indicating imminent health and safety issues must have a follow-up immediately—within 24 hours.** Items that trigger a household contact must have a follow-up review within 60 days. All other problems identified should have a follow-up review within 30 days.

Strengths:	
------------	--

SUMMARY OF FINDINGS

Review Item #	Corrective Action (CA) Needed	CA Due Date	Follow-Up Visit Due Date

Signature and Title of Reviewer

--

Date

--

Signature of Site Director/Supervisor

--

Date

--

Signature of Sponsoring Organization Representative

--

Date

--